

Statement of

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Before the

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GOVERNMENT REFORM COMMITTEE

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Representing

THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

(ASTHO)

Mr. Chairman and distinguished members of the House Government Reform Committee, I am Mary C. Selecky, Secretary of the Washington State Department of Health, and I am honored to be appearing before you today on behalf of the Association of State and Territorial Health Officials (ASTHO). I would like to thank the Chair and the Committee members for continuing to focus attention on our nation's preparedness levels and our ability to respond to a flu pandemic.

In the last year, my colleagues from Virginia and Arkansas have testified before this committee about the challenges public health leaders across the nation faced during this past year's flu season.

My colleagues suggested three actions that the federal government should consider to avoid a repeat of last year's situation – 1) development of a national plan to deal with vaccine shortages; 2) establishment of a Vaccine For Adults Program; and 3) expansion of funding for the Centers for Disease Control and Prevention's (CDC) National Immunization Program. These three actions will help to ensure that all our underserved citizens receive the vaccines they need and allow states and localities to enhance adult immunization programs. ASTHO continues to strongly urge the Congress and the Administration to support these efforts.

I would like to focus my remarks on pandemic flu preparedness.

Lessons learned from the last annual influenza season, the history of influenza pandemics, and the 2001 anthrax attacks continue to underscore the need for public

health preparedness. Health officials must have overall preparedness plans in place, an advanced understanding of our unique role during an influenza pandemic, and a knowledge of the resources available to us to protect the public. State health officials will be looked to as a controlling health authority by governors, legislatures, and the public they all serve; state and local health officials will need to assert significant leadership to mobilize and sustain private and public healthcare response during an influenza pandemic.

It will take federal, state and local public health agencies working cooperatively to deal effectively and efficiently with a public health concern of this magnitude; to date, that collaboration has been good.

We do remain concerned, however, that public health agencies have been asked to take on pandemic flu activities on top of existing priorities already established for the federal preparedness cooperative agreement funding. If the federal government is truly committed to enhancing our pandemic flu response, we need significant increases in resources for state and local efforts. Vaccines and antivirals are an important part of the answer, but not nearly enough by themselves. All the preventive and therapeutic measures in the world are useless without the ability to get them to those who desperately need them.

Development of national guidelines is critically important to ensure a consistent response across the country. However, these guidelines must be flexible enough to allow each state to address its specific needs and essential services.

There is already significant work going on at the state level. States are required to have pandemic flu plans completed in July 2005. This has been very difficult because the federal plan hasn't been completed and is unavailable for use as a guide for state planners.

Having a plan is a good first step. Exercising those plans to see what works and what needs to be improved upon is just as important. In Washington State, we recently conducted a pandemic flu tabletop exercise with our neighbors to the north in Vancouver, British Columbia, Canada. In addition, Public Health Seattle King County, our largest local health jurisdiction, held a pandemic tabletop exercise with major health care facilities in the community, as well as other county agencies.

We have an unprecedented opportunity to improve the nation's response to future pandemics. Pandemic flu preparedness must be an integral part of overall preparedness. It is impossible to predict when the next influenza pandemic will occur and challenge us to respond. We must now devote significant time and resources to addressing this priority issue. This is exactly the wrong time for the federal government to cut state and local preparedness funding by \$130 million.

States have plans for many potential public health threats including pandemic flu. We are exercising those plans and will continue to improve upon them. We are making progress. Are we fully prepared to respond to an influenza pandemic? Absolutely not! We are more prepared today than we were several years ago, but we are not prepared enough.

The new Trust for America's Health report estimates more than half a million Americans may die in a pandemic. Our families, our neighbors, and all the people of this country expect us to be ready when that time comes. I have no doubt that the work we do today can save lives tomorrow. Please help us make sure we have the resources to get the job done right.

In closing, let me reiterate four important points: 1) Pandemic flu preparedness is a critical issue for public health to address as part of its overall prevention, detection, and response efforts for any natural or terrorist event; 2) Collaboration among all levels of governmental public health is essential for influenza pandemic preparedness; 3) Reducing federal funding for preparedness is exactly the wrong thing to do at this time – a sustained federal commitment to preparedness is vital; and, 4) Progress has been made, but there is much more to be done.

The public health community stands ready to work with you to address this threat. We need your help and your support.

I would be pleased to answer any questions you might have.